

5-14-97

See Instructions on back of page 6.

96157783

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802: WITHIN CALIFORNIA, CALL 1-800-852-0300

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

CAD000051000557783

of 1

3. Generator's Name and Mailing Address

Douglas Aircraft Company, C1-Q6C (11-11) Attn: Rob Tuell
3255 Lakewood Blvd. Long Beach, CA 90846

4. Generator's Phone (310) 496-8287 or (310) 593-3101

A. State Manifest Document Number

96157783

B. State Generator's ID

HAHQ36005698

5. Transporter 1 Company Name

6. US EPA ID Number

Laidlaw Environmental Services of CA, Inc.

CAD0000083121

C. State Transporter's ID

D. Transporter's Phone

(310) 510-4700

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

10. US EPA ID Number

Laidlaw Environmental Services, Inc.
5295 South Garvey
Westmorland, CA 92281

CAD0000633164

G. State Facility's ID

H. Facility's Phone

760 (918) 344-9000

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

I. Waste Number

a. Waste corrosive solid, acidic, inorganic, n.o.s., (chromic acid, nitric acid) 8, UN3260, PG II

001

DF

00130

P

State

181

EPA/Other

1007

b. RQ, Asbestos, 9, NA2212, PG III

002

DM

00230

P

State

181

EPA/Other

N/R

c. Absorbent and oil

Non-RCRA hazardous waste solid

001

DM

00190

P

State

382

EPA/Other

N/R

J. Additional Descriptions for Materials Listed Above

11a. 16218-ITR-0986 Acid Contaminated solids
11b. 15586-IDC-0496 Asbestos containing material
11c. 15584-IDC-0816 Floor dry with oil

K. Handling Codes for Wastes Listed Above

a. 15-03

b. 03/D81

c. 03/D81

d.

15. Special Handling Instructions and Additional Information

24 Hour emergency telephone number (800) 424-9300 (Chemtrec).

DOT ERG# 11a) 154 b) 171 c) 171

Site address: 19503 South Normandie Avenue, Torrance, CA 90502.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Month Day Year

JOE A. MONTAÑA

Joe A. Montaña

04/18/97

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

JAMES JENNINGS

James Jennings

04/18/97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

Juan J. Ramirez

Juan J. Ramirez

04/22/97

DO NOT WRITE BELOW THIS LINE.

Yellow: TSDf SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS.
(Generators who submit hazardous waste for transport out-of-state, produce completed copy of this copy and send to DTSC within 30 days.)

96157783

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7

GENERATOR

FACILITY

| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. | Manifest Document No. | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law. |
|--|--|--|-----------------------|---|---|
| 3. Generator's Name and Mailing Address Douglas Aircraft Company, C1-Q6C (11-11) Attn: Rob Tuell 3855 Lakewood Blvd. Long Beach, CA 90846 | | CAD000051000557783 | | A. State Manifest Document Number 96157783 | |
| 4. Generator's Phone (310) 496-6287 or (310) 593-3101 | | | | B. State Generator's ID HIAHQ360058081 | |
| 5. Transporter 1 Company Name Laidlaw Environmental Services of CA, Inc. | | 6. US EPA ID Number CAD0000083121 | | C. State Transporter's ID | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone (310) 518-4700 | |
| 9. Designated Facility Name and Site Address Laidlaw Environmental Services, Inc. 5295 South Garvey Westmontland, CA 92261 | | 10. US EPA ID Number CAD0000833164 | | E. State Transporter's ID | |
| | | | | F. Transporter's Phone | |
| | | | | G. State Facility's ID | |
| | | | | H. Facility's Phone (619) 344-9400 | |
| 11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers No. Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste Number |
| Waste corrosive solid, acidic, inorganic, n.o.s., (chromic acid, nitric acid) 8, UN3260, PG II | | 001 DF | 00130 | P | State 101 |
| RC, Asbestos, 9, NA2212, PG III | | 002 DM | 00230 | P | EPA/Other 1007 |
| Absorbent and oil Non-RCRA hazardous waste solid | | 001 DM | 00190 | P | State 102 |
| | | | | | EPA/Other 1007 |
| J. Additional Descriptions for Materials Listed Above 1. 154 BDC 10000 Acid Contaminated solids 2. 154 BDC 0436 Asbestos containing material 3. 154 BDC 10000 Fluoridic with oil | | K. Handling Codes for Wastes Listed Above a. b. c. d. | | | |
| 15. Special Handling Instructions and Additional Information 24 Hour emergency telephone number (800) 424-9300 (Chemtrec). DOT ERG# 11a) 154 b) 171 c) 171 Site address: 19503 South Normandie Avenue, Torrance, CA 90502. | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | |
| Printed/Typed Name JOE R Montoya | | Signature Joe R Montoya | | Month Day Year 04/18/97 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name JAMES JENNINGS | | Signature James Jennings | | Month Day Year 04/18/97 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year | |
| 19. Discrepancy Indication Space | | | | | |
| 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Signature Month Day Year | | | | | |

DO NOT WRITE BELOW THIS LINE.

ACID CONTAMINATED SOLIDS
Customer Notification And Certification

FORM A

Page 1 of 2

Generator Name/Location: Douglas Aircraft Company/ 3855 Lakewood Blvd. Long Beach, CA 90846
19503 S. Normandie Ave Torrance CA 90502

EPA I.D. Number: CAD-008 378 044 CAD086510605

Waste Profile or ARF Designation: _____

Manifest Number: 57783/96157783

EPA Waste Number(s): D007

Waste Analysis Available? Yes (attached) _____ No _____ On file at receiving facility X

Unrestricted Waste Notification (Category 1)

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

- ☐ I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).

NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268. 48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

☒ **(2a) Restricted Waste Notification**

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

☐ **(2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45.**

The waste contains the following contaminants subject to treatment [check all that apply]:

- _____ §268.45(b)(1) - Toxicity characteristic debris;
_____ §268.45(b)(2) - Debris contaminated with listed waste;
_____ §268.45(b)(3) - Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

- ☐ I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

- ☐ I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: Joe A. Montoya

DATE: 4-18-97

PRINT NAME: Joe A. Montoya

TITLE: Env Tech

This form is submitted in accordance with the requirements of 22 CCR 66268.7(a) Chapter 18 which restricts land disposal of certain hazardous wastes. The appropriate California waste code(s) and applicable non-RCRA hazardous waste listings from CCR 66268.29 are noted below. Complete all portions of Part I. If the waste is not hazardous or not restricted then complete only the applicable portions in Part I and sign / date the Form at the bottom of page. Otherwise complete Part I, II and III, and sign / date the Form at the bottom of page. (For RCRA wastes, use Laidlaw RCRA FORM)

I. GENERAL INFORMATION REGARDING GENERATOR & WASTE STREAM

| | | | |
|--|-------------------------------|-----------------|-----------------------|
| GENERATOR'S NAME | <u>Douglas Aircraft</u> | PHONE: | <u>(310) 496-9735</u> |
| SITE LOCATION: | <u>19503 S. Normandie Ave</u> | PROFILE NUMBER: | |
| IS THIS WASTE NON-HAZARDOUS? <input type="checkbox"/> NO. <input type="checkbox"/> YES (if YES, stop here and sign/date form at the bottom of page) | | | |
| GENERATOR'S EPA ID#: | <u>CAD086510005</u> | MANIFEST #: | <u>57780/9615783</u> |
| CA WASTE CODE(S): <u>352</u> | | | |
| IS THIS WASTE RESTRICTED? <input type="checkbox"/> YES. <input type="checkbox"/> NO (if NO, stop here and sign/date form at the bottom of page) | | | |
| THIS NOTIFICATION & CERTIFICATION IS BASED ON THE FOLLOWING WASTE STREAM INFORMATION: | | | |
| <input type="checkbox"/> (A) CHEMICAL/PHYSICAL ANALYSIS OF THE WASTE: <input checked="" type="checkbox"/> (B) GENERATOR KNOWLEDGE OF THE WASTE: OR <input type="checkbox"/> (C) BOTH | | | |

Check the appropriate boxes in Parts II and III. If only one notification applies, then III(A) is not required. For multiple certifications / notifications, the appropriate choices from Part II (1-3) may be marked in Part III(A) to indicate how waste is to be managed to conform with Land Disposal Restrictions. By selecting an item in Part III(A), 1-3, you are making the certification / notification noted in Part II.

II. TYPE OF LDR NOTIFICATION / CERTIFICATION

| | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> | 1. NOTIFICATION ONLY: WASTE THAT CURRENTLY REQUIRE TREATMENT TO MEET THE 22 CCR ARTICLE 11 TREATMENT STANDARDS: - 22 CCR 66268.7(a)(1) | 1 |
| <input checked="" type="checkbox"/> | 2. NOTIFICATION & CERTIFICATION: WASTE THAT MEETS THE 22 CCR ARTICLE 11 TREATMENT STANDARDS, NO ADDITIONAL TREATMENT REQUIRED: - 22 CCR 66268.7(a)(2) I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing through knowledge of the waste to support this certification, that the waste complies with the treatment standards specified in CCR Title 22, Division 4.5, Chapter 18, Articles 4 and 11 and all applicable prohibitions set forth in CCR Title 22, Section 66268.32 or RCRA Section 3004(d)(42 U.S.C. Section 6924(d)). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine or imprisonment. | 2 |
| <input type="checkbox"/> | 3. NOTIFICATION & CERTIFICATION: NON-RCRA WASTE THAT HAS BEEN TREATED AT AN OFF-SITE TREATMENT FACILITY SO AS TO MEET ALL APPLICABLE 22 CCR ARTICLE 11 TREATMENT STANDARDS: - 22 CCR 66268.7(b)(5) I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing through knowledge of the waste to support this certification, that the waste complies with the treatment standards specified in CCR Title 22, Division 4.5, Chapter 18, Articles 4 and 11 and all applicable prohibitions set forth in CCR Title 22, Section 66268.32 or RCRA Section 3004(d)(42 U.S.C. Section 6924(d)). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine or imprisonment. | 4 |

III. LDR NOTIFICATION / CERTIFICATION INFORMATION REQUIRED BY 22CCR

| Check appropriate boxes | (A) Check 1, 2, or 3 from handling information (Part II) | (B) Prohibition Effective Date | (C) Subcategory of Restricted Waste (22 CCR 66268.29 a-m) and Treatability Group(s) 66268.100(a)(1-14) | (D) Corresponding Treatment Standard (From 22 CCR) |
|-----------------------------|--|-----------------------------------|---|---|
| 1. <input type="checkbox"/> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | 1 / 26 / 90 | Aqueous wastes containing metals [66268.29(a) & 66268.100(a)(1)] | 1 66268.107 Table II CCW |
| 2. <input type="checkbox"/> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | 5 / 8 / 91 | Auto shredder waste [66268.29(c) & 66268.100(a)(3)] | 2 66268.106 Table 1-A CCWE |
| 3. <input type="checkbox"/> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | 1 / 1 / 91 | Hazardous waste foundry sand [66268(e) & 66268.100(a)(5)] | 4 66268.106 Table 1-B CCWE |
| 4. <input type="checkbox"/> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | 1 / 1 / 91 | Fly ash, bottom ash, rector ash or baghouse waste [66268.29(h) 66268.100(a)(8)] | 7 66268.106 Table 1-D CCWE |
| 5. <input type="checkbox"/> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | 1 / 1 / 91 | Baghouse waste from foundries [66268.29(i) & 66268.100(a)(9)] | 8 66268.106 Table 1-E CCWE |
| 6. <input type="checkbox"/> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | 3 / 1 / 93 | Asbestos containing waste identified in section [66268.29(m) & 66268.100(a)(13)] | 12 66268.114 |
| 7. <input type="checkbox"/> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | | Other (Specify): | 13 |

Copies of applicable treatment standards and waste analysis data (where available) are maintained at the facility identified on the manifest referenced above.

IV. GENERATOR AUTHORIZATION / CERTIFICATION

| | | | |
|---|---------------------------------------|--------------------------|------------------------|
| I hereby certify that all information submitted in this and all associated documents is true, complete, and accurate to the best of my knowledge and information, and that no omissions or errors exist. I warrant that I am an authorized representative of the generator. | | | |
| <u>[Signature]</u> Authorized Signature | <u>Joe A. Montoya</u> Printed Name | <u>Env Tech</u> Title | <u>4-18-97</u> Date |

THIS DOCUMENT, WITH AN ORIGINAL SIGNATURE, MUST ACCOMPANY EACH WASTE SHIPMENT. A COPY OF THIS CERTIFICATION, AND ALL SUPPORTING DATA, MUST BE RETAINED BY THE GENERATOR FOR AT LEAST FIVE (5) YEARS AS PER 22 CCR 66268.7

Rev. 1/96

Page ____ of ____

LAIDLAW ENVIRONMENTAL SERVICES, INC

California Land Disposal/Restriction Information
Notification/Certification Form

This form is submitted in accordance with the requirements of 22 CCR 66268.7(a) Chapter 18 which restricts land disposal of certain hazardous wastes. The appropriate California waste code(s) and applicable non-RCRA hazardous waste listings from CCR 66268.29 are noted below. Complete all portions of Part I. If the waste is not hazardous or not restricted then complete only the applicable portions in Part I and sign / date the Form at the bottom of page. Otherwise complete Part I, II and III, and sign / date the Form at the bottom of page. (For RCRA wastes, use Laidlaw RCRA FORM)

GENERAL INFORMATION REGARDING GENERATOR & WASTE STREAM

GENERATOR'S NAME Douglas Aircraft PHONE: (310) 496-9735SITE LOCATION: 19503 S. Normandie Ave PROFILE NUMBER: _____IS THIS WASTE NON-HAZARDOUS? ☒ NO. ☐ YES (if YES, stop here and sign/date form at the bottom of page)GENERATOR'S EPA ID#: CAD0086510005 MANIFEST #: 37788/96157788 CA WASTE CODE(S): 151IS THIS WASTE RESTRICTED? ☒ YES. ☐ NO (if NO, stop here and sign/date form at the bottom of page)

THIS NOTIFICATION & CERTIFICATION IS BASED ON THE FOLLOWING WASTE STREAM INFORMATION:

☐ (A) CHEMICAL/PHYSICAL ANALYSIS OF THE WASTE: ☒ (B) GENERATOR KNOWLEDGE OF THE WASTE; OR ☐ (C) BOTH

Check the appropriate boxes in Parts II and III. If only one notification applies, then III(A) is not required. For multiple certifications / notifications, the appropriate choices from Part II (1-3) may be marked in Part III(A) to indicate how waste is to be managed to conform with Land Disposal Restrictions. By selecting an item in Part III(A), 1-3, you are making the certification / notification noted in Part II.

II. TYPE OF LDR NOTIFICATION / CERTIFICATION

☒ 1. **NOTIFICATION ONLY: WASTE THAT CURRENTLY REQUIRE TREATMENT TO MEET THE 22 CCR ARTICLE 11 TREATMENT STANDARDS:** - 22 CCR 66268.7(a)(1) 1☐ 2. **NOTIFICATION & CERTIFICATION: WASTE THAT MEETS THE 22 CCR ARTICLE 11 TREATMENT STANDARDS, NO ADDITIONAL TREATMENT REQUIRED:** - 22 CCR 66268.7(a)(2)

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing through knowledge of the waste to support this certification, that the waste complies with the treatment standards specified in CCR Title 22, Division 4.5, Chapter 18, Articles 4 and 11 and all applicable prohibitions set forth in CCR Title 22, Section 66268.32 or RCRA Section 3004(d)(42 U.S.C. Section 6924(d)). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine or imprisonment.

 2☐ 3. **NOTIFICATION & CERTIFICATION: NON-RCRA WASTE THAT HAS BEEN TREATED AT AN OFF-SITE TREATMENT FACILITY SO AS TO MEET ALL APPLICABLE 22 CCR ARTICLE 11 TREATMENT STANDARDS:** - 22 CCR 66268.7(b)(5)

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing through knowledge of the waste to support this certification, that the waste complies with the treatment standards specified in CCR Title 22, Division 4.5, Chapter 18, Articles 4 and 11 and all applicable prohibitions set forth in CCR Title 22, Section 66268.32 or RCRA Section 3004(d)(42 U.S.C. Section 6924(d)). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine or imprisonment.

 4

III. LDR NOTIFICATION / CERTIFICATION INFORMATION REQUIRED BY 22CCR

| Check appropriate boxes | (A) Check 1, 2, or 3 from handling information (Part II) | (B) Prohibition Effective Date | (C) Subcategory of Restricted Waste (22 CCR 66268.29 a-m) and Treatability Group(s) 66268.100(a)(1-14) | (D) Corresponding Treatment Standard (From 22 CCR) |
|--|---|-----------------------------------|---|---|
| 1. <input type="checkbox"/> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | 1 / 26 / 90 | Aqueous wastes containing metals [66268.29(a) & 66268.100(a)(1)] | 1 66268.107 Table II CCW |
| 2. <input type="checkbox"/> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | 5 / 8 / 91 | Auto shredder waste [66268.29(c) & 66268.100(a)(3)] | 2 66268.106 Table 1-A CCWE |
| 3. <input type="checkbox"/> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | 1 / 1 / 91 | Hazardous waste foundry sand [66268(a) & 66268.100(a)(5)] | 4 66268.106 Table 1-B CCWE |
| 4. <input type="checkbox"/> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | 1 / 1 / 91 | Fly ash, bottom ash, rector ash or baghouse waste [66268.29(h) 66268.100(a)(8)] | 7 66268.106 Table 1-D CCWE |
| 5. <input type="checkbox"/> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | 1 / 1 / 91 | Baghouse waste from foundries [66268.29(i) & 66268.100(a)(9)] | 8 66268.106 Table 1-E CCWE |
| 6. <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | 3 / 1 / 93 | Asbestos containing waste identified in section [66268.29(m) & 66268.100(a)(13)] | 12 66268.114 |
| 7. <input type="checkbox"/> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | | Other (Specify): | 13 |

Copies of applicable treatment standards and waste analysis data (where available) are maintained at the facility identified on the manifest referenced above.

IV. GENERATOR AUTHORIZATION / CERTIFICATION

I hereby certify that all information submitted in this and all associated documents is true, complete, and accurate to the best of my knowledge and information, and that no omissions or errors exist. I warrant that I am an authorized representative of the generator.

Authorized Signature Joe A. Montoya Printed Name Joe A. Montoya Title Env Tech Date 4-18-97

THIS DOCUMENT, WITH AN ORIGINAL SIGNATURE, MUST ACCOMPANY EACH WASTE SHIPMENT. A COPY OF THIS CERTIFICATION, AND ALL SUPPORTING DATA, MUST BE RETAINED BY THE GENERATOR FOR AT LEAST FIVE (5) YEARS AS PER 22 CCR 66268.7

Rev. 1/96

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